



King County Office of Citizen Complaints – Ombudsman

400 Yesler Building
400 Yesler Way, Room 240
Seattle, WA 98104
206-296-3452 v/tty - 206-296-0948 fax

Whistleblower Retaliation Complaint _____

Please review the Whistleblower Protection Code Summary and the Whistleblower Protection Code (KCC 3.42) before completing this complaint form.

Pursuant to the Whistleblower Protection Code (KCC 3.42), I am reporting retaliation for having previously reported improper governmental action.

Name, position, and agency of person(s) who has committed act of retaliation:

Initial Report of Improper Governmental Action:

What improper governmental action did you report?

To whom did you make your report of improper governmental action?

Date of report of improper governmental action:

Was your complaint made in writing? If yes, please provide a copy of your report.

Whistleblower Retaliation Complaint _____

Allegation of Retaliation:

Describe, in as much detail as possible, the alleged retaliation. Please attach an additional piece of paper, if necessary.

Please state the date, time, and frequency of alleged act of retaliation. (Retaliation must be reported within 30 days.):

Where did the alleged retaliation occur?

Names and positions of those who may have witnessed the event:

Please list any evidence or documentation that would support your allegation of retaliation. Please indicate whether you can personally provide that information.

Whistleblower Retaliation Complaint _____

Relief from Retaliation:

Please state what you believe should happen to resolve your complaint.

Complainant Declaration

I declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.

Signature	Date and Place (e.g. city, state)
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Name (please print)

Address

City	State	Zip Code
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Phone number(s)

Waiver of Confidentiality

KCC 3.42.040 states: To the extent allowed by law, the identity of an employee reporting information about an improper governmental action shall be kept confidential unless the employee in writing waives confidentiality.

If you do not wish to have your name kept confidential, please sign below.

I hereby waive the confidentiality provision of KCC 3.42.040.

Complainant's signature	Date
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